



Maryland Health Care Commission

Thursday, June 21, 2018

1:00 p.m.

1. APPROVAL OF MINUTES
2. UPDATE OF ACTIVITIES
3. ACTION: Certificate of Need – Minerva Home HealthCare, Inc. (Docket No. 17-R3-2402)
4. ACTION: Exemption from Certificate of Need: Innovations Surgery Center, P.C.
5. PRESENTATION: Overview of Draft State Health Plan Chapter for Comprehensive Care Facility Services (Nursing Home Services)
6. PRESENTATION: Workgroups Established by the 2018 Maryland Legislature
7. Overview of Upcoming Initiatives
8. ADJOURNMENT



APPROVAL OF MINUTES

(Agenda Item #1)

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UPDATE OF ACTIVITIES

(Agenda Item #2)

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ACTION:

**Certificate of Need – Minerva Home HealthCare, Inc.
(Docket No. 17-R3-2402)**

(Agenda Item #3)

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ACTION:

Exemption from Certificate of Need:
Innovations Surgery Center, P.C.

(Agenda Item #4)

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PRESENTATION:

Overview of Draft State Health Plan Chapter for Comprehensive Care Facility Services (Nursing Home Services)

(Agenda Item #5)



DRAFT

**COMAR 10.24.20: Comprehensive Care Facilities
Chapter of the State Health Plan**

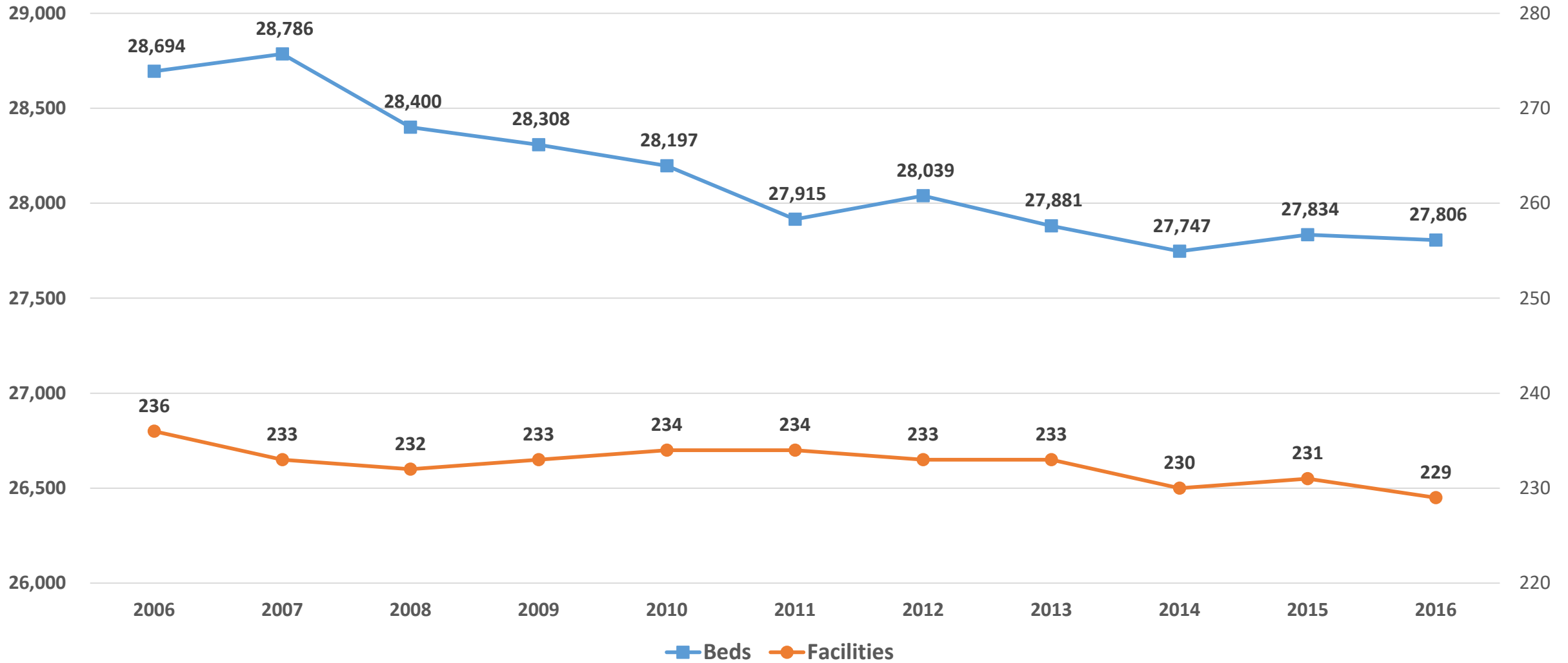
June 21, 2018

Overview

- **Review of Trends in Comprehensive Care Facility Utilization**
- **Review of Process and Contents for Update of Chapter**
- **Review of Comprehensive Care Facility Bed Need Forecast**
- **Next Steps**

Comprehensive Care Facility Utilization Trends

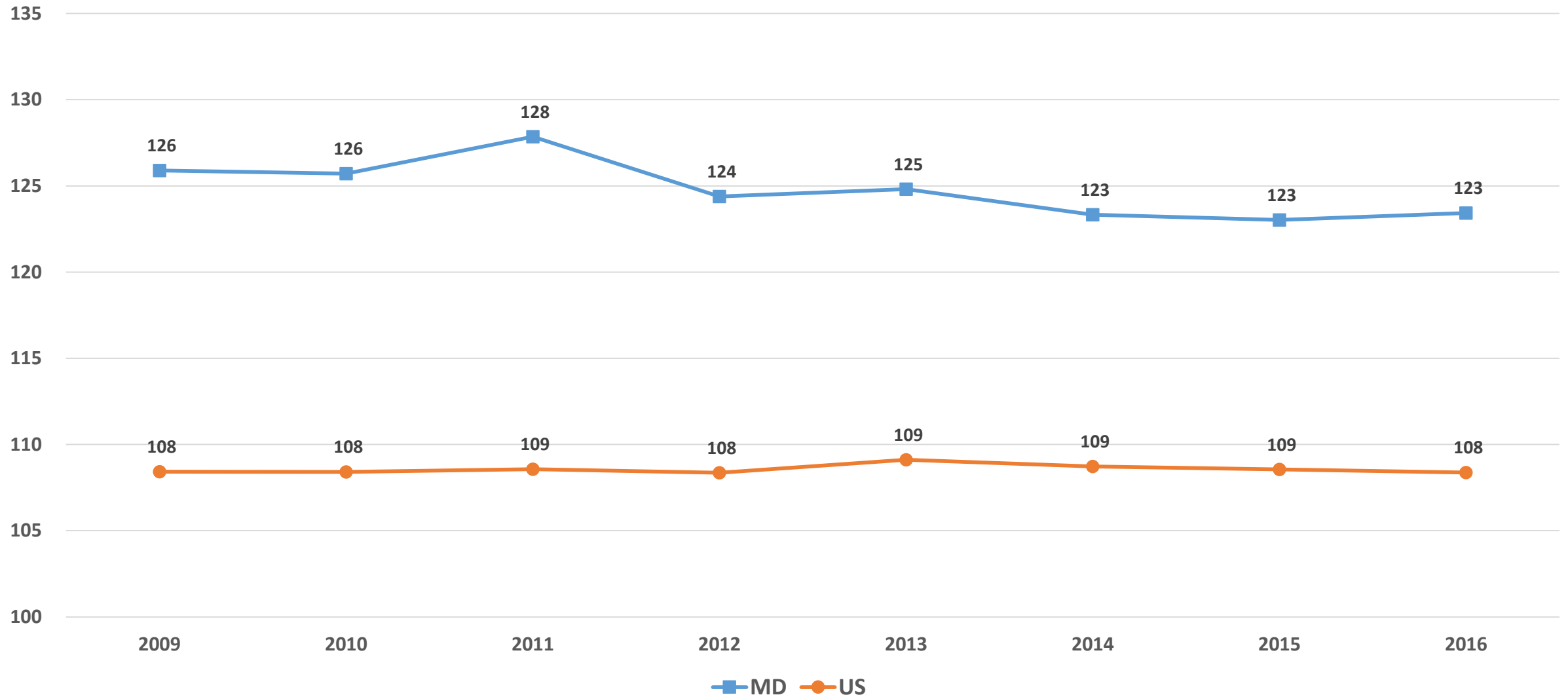
**Chart 1: Maryland Comprehensive Care Facilities and Beds
2006 - 2016**



Note: 1996 was the year of peak CCF bed capacity in Maryland: 258 CCFs with 30,585 licensed CCF beds.

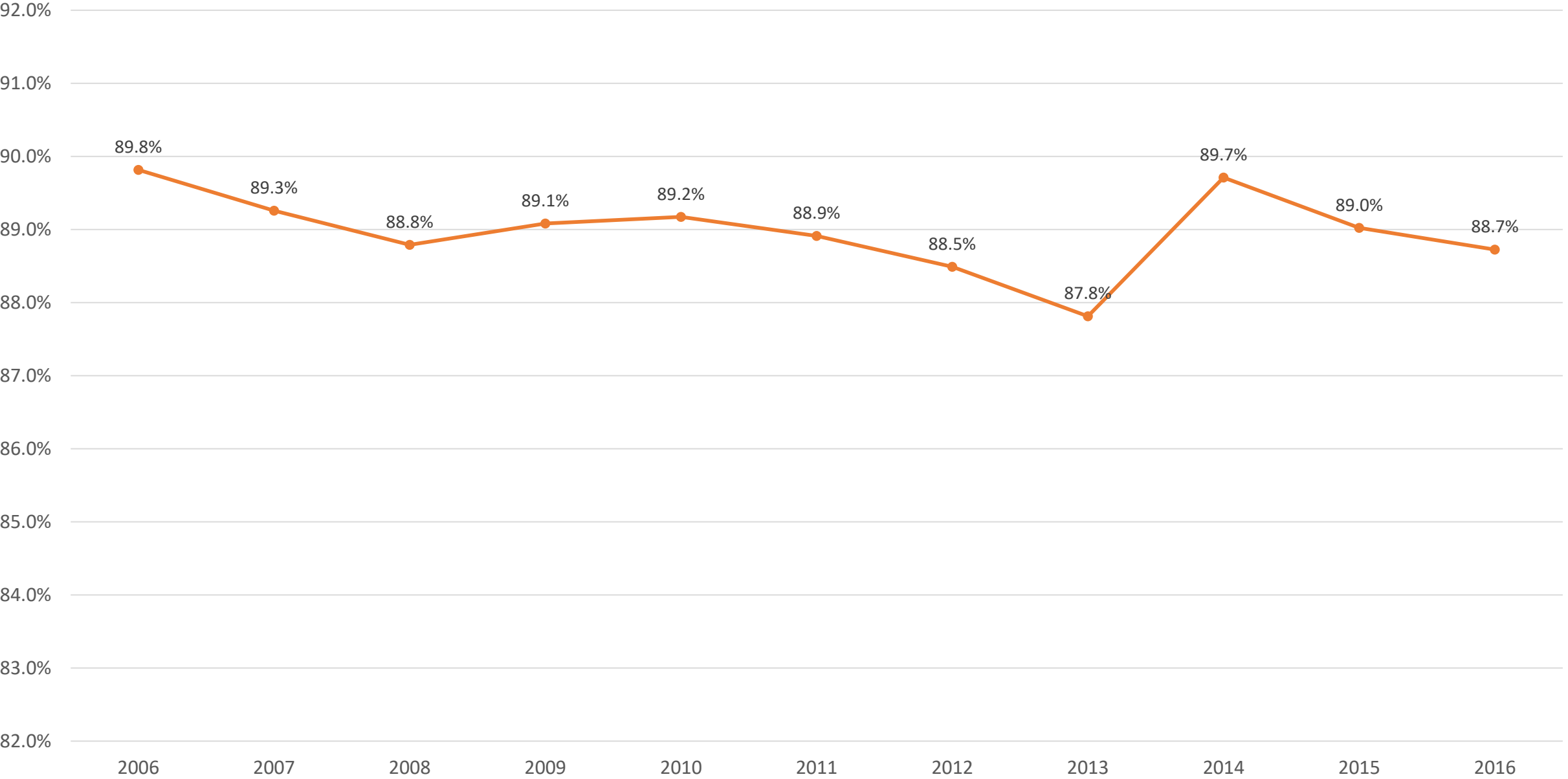
Source: MHCC Annual Long Term Care Survey and Commission files

**Chart 2: Average Number of Certified Beds per Facility
Maryland vs National**



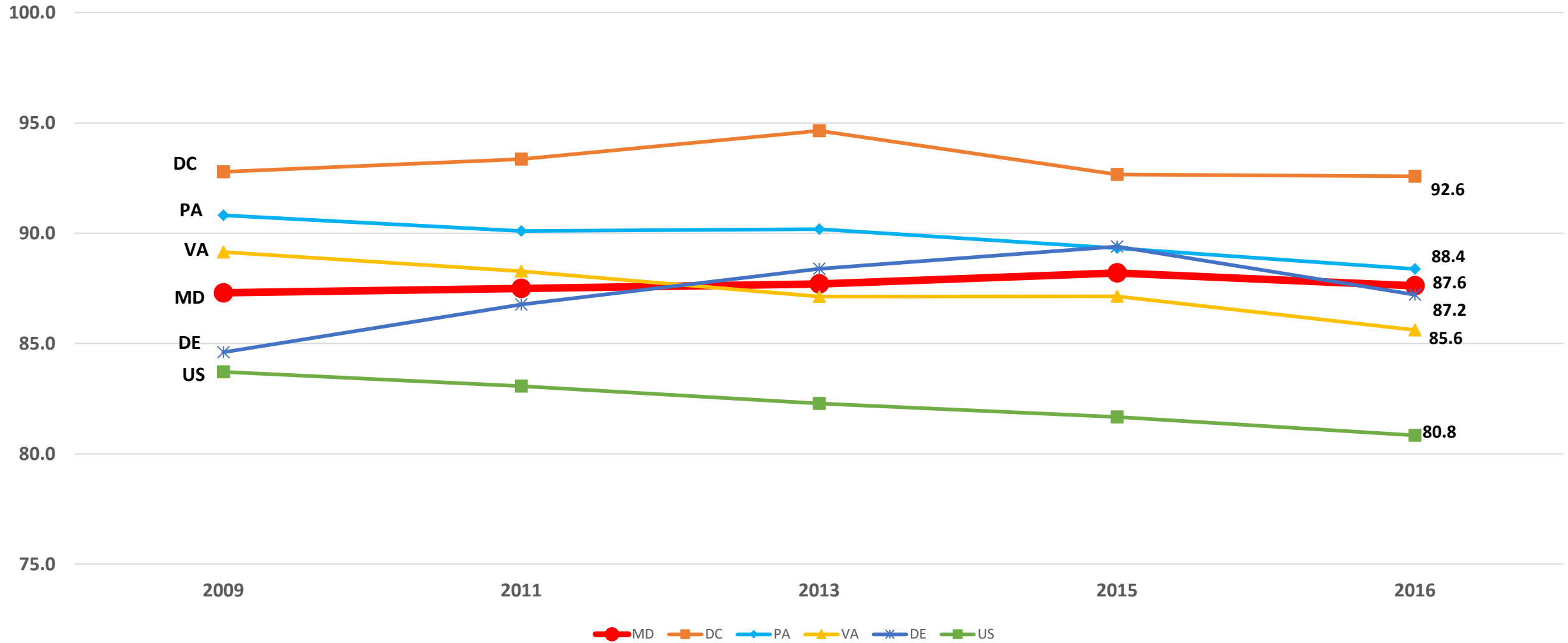
Source: "Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2009 Through 2016", by KFF, based on OSCAR/CASPER data
<https://www.kff.org/medicaid/report/nursing-facilities-staffing-residents-and-facility-deficiencies-2009-through-2016/>

**Chart 3: Maryland Comprehensive Care Facility Occupancy Rate
2006 - 2016**



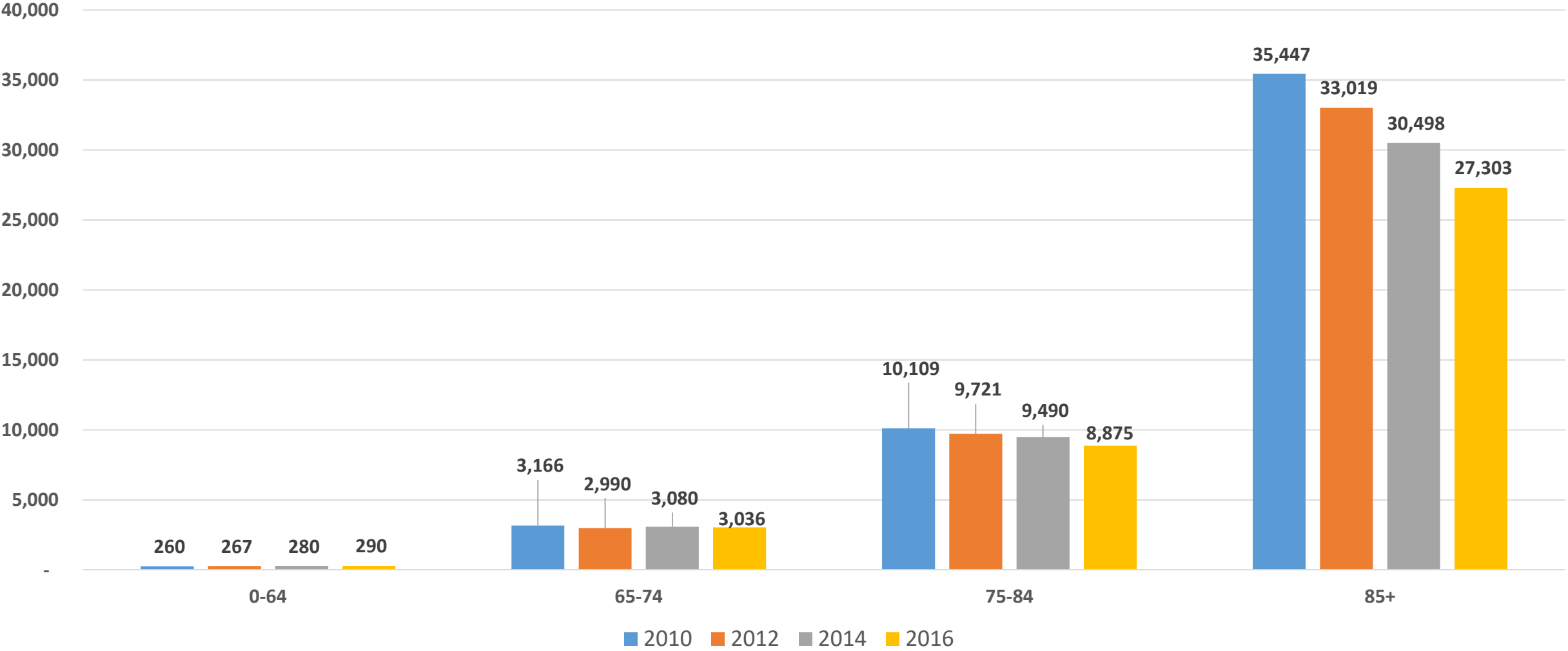
Source: MHCC Annual Long Term Care Survey

**Chart 4: Occupancy Rate for Certified Nursing Facilities
Maryland, Selected States, and National**



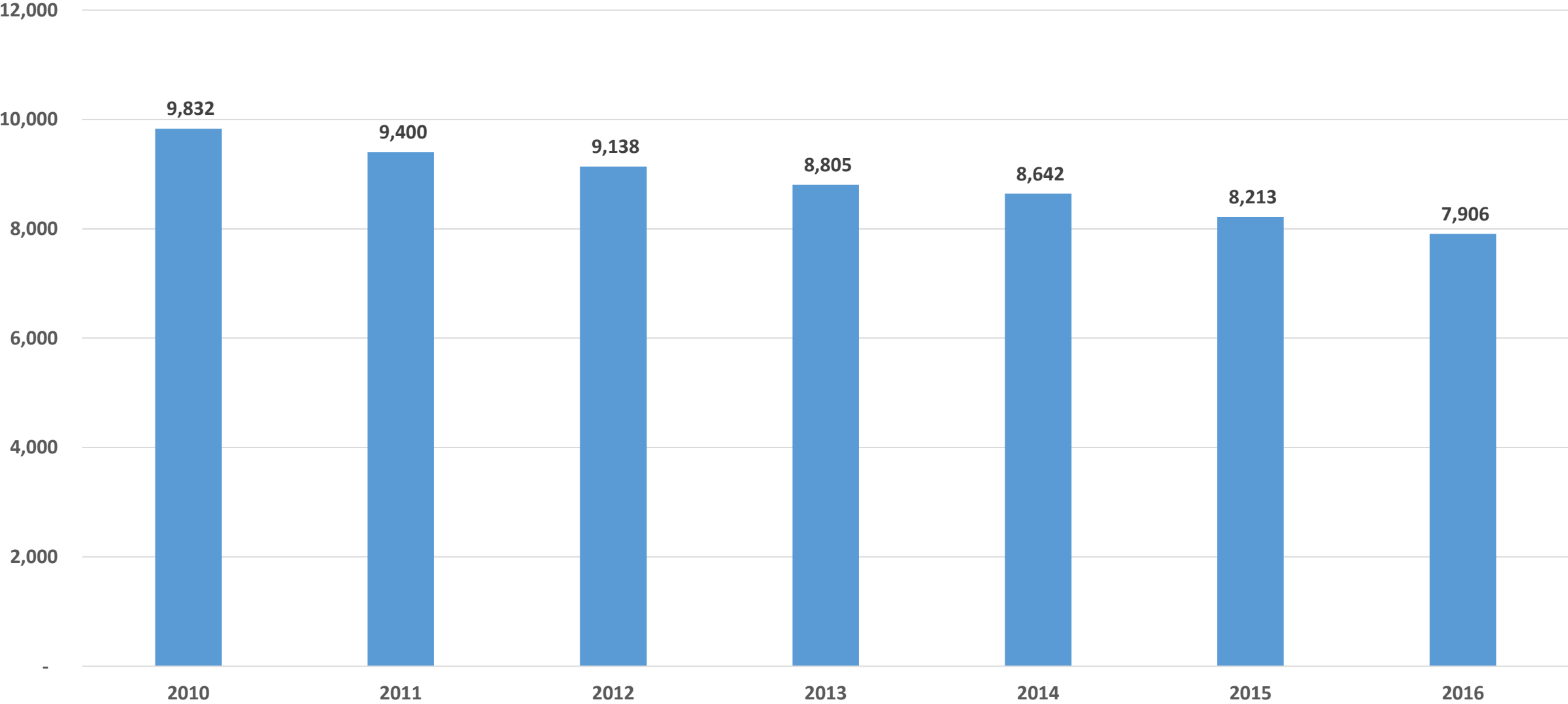
Source: “Nursing Facilities, Staffing, Residents and Facility Deficiencies, 2009 Through 2016”, by KFF, based on OSCAR/CASPER data
<https://www.kff.org/medicaid/report/nursing-facilities-staffing-residents-and-facility-deficiencies-2009-through-2016/>

**Chart 5: Maryland Resident Comprehensive Care Facility Use Rate by Age
(Patient Days per 1,000 Population)**



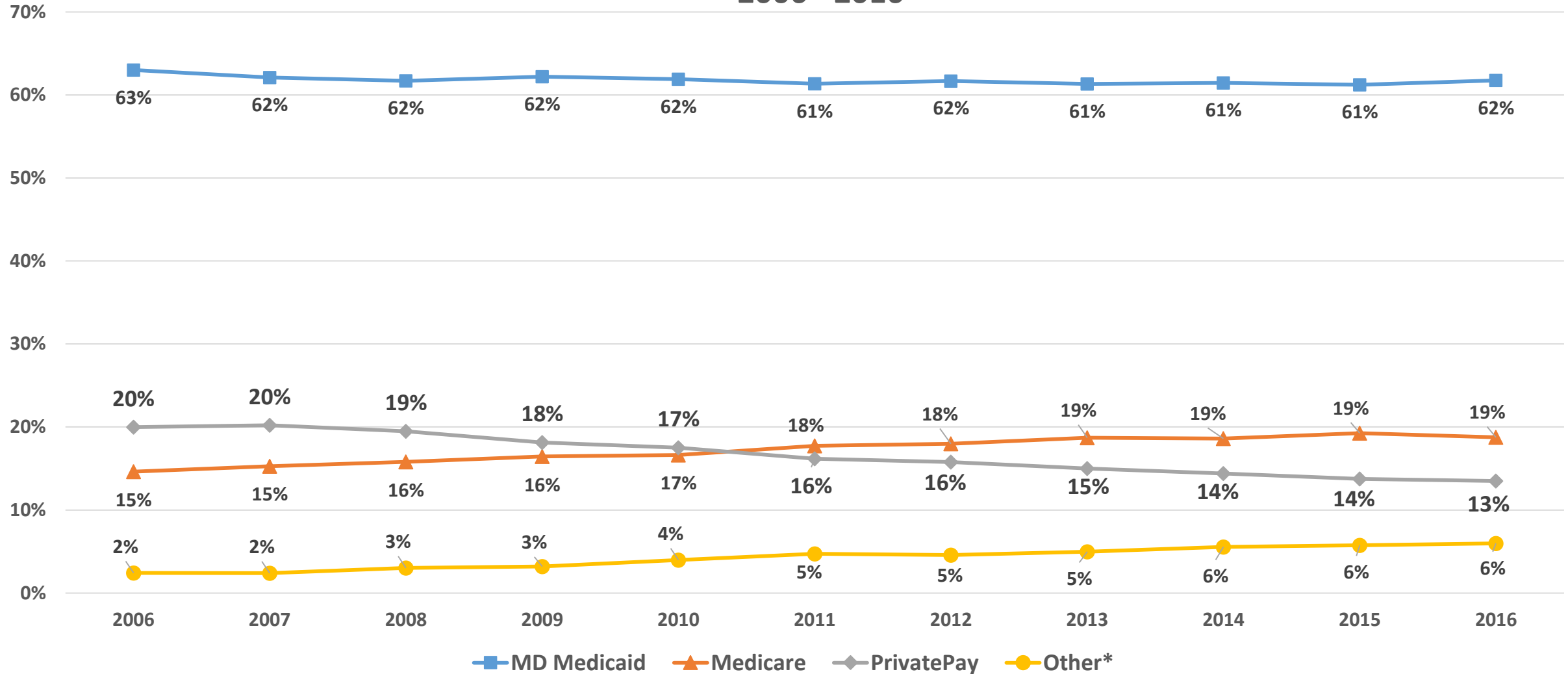
Source: Long Term Care Minimum Data Set; Maryland Department of Planning Population Projection

**Chart 6: Comprehensive Care Facility Use Rate for Maryland Population Aged 65+
(Patient Days per Thousand Population Aged 65+)**



Source: Long Term Care Minimum Data Set; Maryland Department of Planning Population Estimates

Chart 7: Payer Mix: Maryland Comprehensive Care Facility Patient Days 2006 - 2016



Source: MHCC Annual Long Term Care Survey

* The “Other” payment sources include non-Maryland Medicaid, Veterans Administration, private insurance, Medicare hospice benefit, and other government programs.

Update of Comprehensive Care Facility Chapter

What is New?

Process: Comprehensive Care Facility Chapter Update

- **Develop Internal Staff Draft**
- **Consult with a Subgroup of Commissioners**
- **Convene Nursing Home Work Group**
- **Reconvene Commissioners**
- **Finalize Draft for Informal Public Comment (posted June 6, 2018/
comments due July 9, 2018)**

Procedural Rules

- **Docketing Rules:**
 - Bed need must exist in the target jurisdiction to apply for additional beds
 - Affirmation by applicant of no fraud or exclusion from Medicaid or Medicare in the applicant's past
- **Docketing Rule Exceptions (when there is no bed need):**
 - Limited choice of quality providers in the jurisdiction
 - HSCRC approved agreement for comprehensive care facility-hospital collaboration in the jurisdiction
- **Waiver bed rules (no more than 10 beds or 10% of existing beds):**
 - Any authorized waiver beds not licensed within one year expire

CON Review Standards

- **Maintain minimum Medicaid participation requirement**
- **Living environment: meet FGI Guidelines for facility design**
- **Specialized unit design: meet OHCQ requirements and FGI Guidelines**
- **Quality: use CMS overall star ratings to define acceptable quality for facility and system**
- **Collaborative relationships: with both hospitals and community-based services programs**

Comprehensive Care Facility Bed Need Forecast

Comprehensive Care Facility Bed Need Methodology

Issue	Current Approach	Proposed Approach
Migration within MD	Assumptions about retention and use rates are complex and difficult to replicate	Calculate average net (in/out) migration within MD based on most recent 3 years observed trend
Target year	7 years from base year	5 years from base year
Use Rates	Age adjusted (0-64;65-74;75-84;85+)	Age Adjusted-same age groups
Use Rate Adjustment	Baseline year use rate reduced by 5%	Use average annual change in use rate during most recent 6 years
Jurisdictional Occupancy	Separate SHP standard	Incorporated as final step in methodology – 90%+ required for recognition of bed need
Population	Household population	Total population

Next Steps

- **Return to Commission with analysis of informal comments received and draft Proposed Permanent Regulations for adoption**
- **Post for formal comment period**
- **Modify Chapter as needed based on comments and prepare final regulations for adoption by Commission**

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PRESENTATION:

Workgroups Established by the 2018 Maryland Legislature

(Agenda Item #6)

Work Groups Established by the 2018 Maryland Legislature

Megan Renfrew

Government Relations and Special Projects

June 21, 2018



2018 Legislative MHCC Work Groups

Six work groups were required by legislation or requested by legislature in 2018.

- School-based telehealth
- Health record and payment integration program
- Electronic prescription records system
- Physician maintenance of certification
- EMS reimbursement for currently non-covered services
- African-American & rural community infant mortality

School Based Telehealth

- Requested by: Senate Finance Committee
- Tasks:
 - Identify deficiencies in current policies related to school-based telehealth programs
 - Develop approach to improve policies
 - Report on findings and recommendations, including legislative and regulatory changes and associated budget estimates, to improve the delivery of school-based telehealth services

School Based Telehealth

- Membership: Insurers, Providers, Academics, Education Administrators, Consumers, MHD, MCHRC, Dept. Ed., MHCC, and others
- Deadlines:
 - Interim presentation- 2019 Legislative Session
 - Report due November 2019
- Status:
 - 1st virtual meeting May 31, 2018
 - 1st in-person meeting June 20, 2018
 - 2 pilot projects: grant announcements in July

Health Record and Payment Integration Program

- Required by: SB 896
- Task: Conduct a study to assess feasibility of creating a health record and payment integration program including
 - Integrating claims into the State-Designated HIE
 - Establishing a free, secure web-based portal for providers to maintain health records and file claims
 - Incorporating PDMP data
 - Approaches for accelerating the adjudication of clean claims
 - Other issues as identified

Health Record and Payment Integration Program

- Membership: An Advisory Committee must be established consisting of MCOs, health care providers and facilities, health care supplies, pharmacies, and health insurers and carriers
- Deadline: Report due November 1, 2019
- Status:
 - Recruiting for the Advisory Committee
 - First meeting scheduled for July 26, 2018

Electronic Prescription Records System

- Required by: SB 13 / HB 115
- Task: Conduct a study with interested stakeholders to assess the benefits and feasibility of developing an electronic system (or state-wide repository) for health care providers to access complete patient prescription medication history

Electronic Prescription Records System

- Membership: Hospitals and health systems, insurers, pharmacies, health care providers and facilities, academics, BHA, technology vendors, and various associations, such as MedChi
- Deadline: Report due January 1, 2020
- Status:
 - Recruiting for a stakeholder workgroup
 - First meeting scheduled for July 12, 2018

Physician Maintenance of Certification

- Requested by: House Health and Government Operations Committee
- Tasks:
 - Study problems with existing physician maintenance of certification requirements, including interaction with hospital and carrier credentialing requirements.
 - Recommend potential solutions.

Physician Maintenance of Certification

- Membership: Physicians, Hospitals, Insurers, Board of Physicians, HSCRC, and MHCC
- Deadline: Report due January 1, 2019
- Status: First meeting June 19, 2018

EMS Reimbursement

- Required by: SB 682
- Tasks:
 - Study reimbursement for the following Services:
 - emergency medical services without transport
 - emergency medical services with transport to an alternative destination
 - mobile integrated health services
 - Develop plan for Medicaid reimbursement
 - Develop process for obtaining Medicare reimbursement
 - Report on findings and recommendations related to private market insurance reimbursement.

EMS Reimbursement

- Membership: Hospitals, Providers, Insurers, MDH/Medicaid, HSCRC, MIEMSS, MHCC
- Deadline: Report due January 1, 2019
- Status: First meeting June 14, 2018

African-American & Rural Community Infant Mortality

- Required by: SB 266 / HB 716
- Tasks:
 - Study infant mortality for African American infants and infants in rural areas, including factors affecting infant mortality
 - Research international, national, state, and local programs on infant mortality
 - Make recommendations
 - For reducing infant mortality rate in African American and rural infants
 - For using pregnancy navigators or community health workers to reduce infant mortality rate
 - For establishing a permanent council for lowering rates of disparity in infant mortality
 - For reducing the costs associated with low birth weight infants and infant mortality

African-American & Rural Community Infant Mortality

- Membership: MDH, MHCC, CHRC, Rural Health Association, Health Officers, Baltimore City, other TBD
- Deadline: Report due November 1, 2019
- Status:
 - Membership being determined
 - First meeting expected August 2018

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Overview of Upcoming Initiatives

(Agenda Item #7)



ENJOY THE REST OF
YOUR DAY